

PATENT

Attorney's Docket No. RA 5365 (33012/312/101)

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type:

- ☒ original
- ☐ design
- ☐ supplemental
- ☐ divisional
- ☐ continuation
- ☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

**METHOD AND MECHANISM FOR THE DEVELOPMENT AND IMPLEMENTATION
OF A WEB-BASED USER INTERFACE**

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))

(a) ☒ is attached hereto.

(b) ☐ was filed on _____ as ☐ Serial No. 0 / _____
or ☐ Express Mail No., as Serial No. not yet known _____

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I reviewed and understand the contents of the above identified specification, including the claims, as amended by an amendment referred to above.

I acknowledge the duty to disclose information

- which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56

and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, and

- ☐ In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

<u>Name</u>	<u>Title</u>	<u>Registration Number</u>
John L. Rooney	Attorney at Law	28,898
Lawrence M. Nawrocki	Attorney at Law	29,333
Wayne A. Sivertson	Attorney at Law	25,645
Charles A. Johnson	Attorney at Law	20,852
Michael B. Atlass	Attorney at Law	30,606
Mark T. Starr	Attorney at Law	28,762

SEND CORRESPONDENCE TO

Unisys Corporation
Charles A. Johnson
P O Box 64942
MS 4773
St. Paul, MN 55164

DIRECT TELEPHONE CALLS TO:

(Name and telephone number)

(651) 635-7702

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of first inventor BARBARA A. CHRISTENSEN

<u>Barbara</u>	<u>A.</u>	<u>Christensen</u>
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)

Inventor's signature 

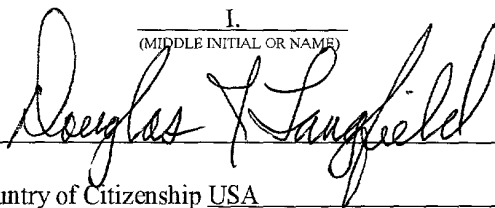
Date 2/5/01 Country of Citizenship USA

Residence 6520 White Oak Road, Lino Lakes, MN 55038

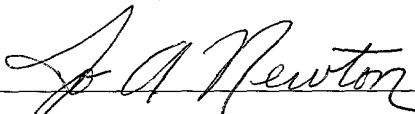
Post Office Address 6520 White Oak Road, Lino Lakes, MN 55038

Full name of second inventor DOUGLAS I. LANGFIELDDouglas
(GIVEN NAME)I.
(MIDDLE INITIAL OR NAME)Langfield
(FAMILY (OR LAST NAME))

Inventor's signature

Date 2/22/2001Country of Citizenship USAResidence 4251 Boulder Ridge Point, Eagan, MN 55122Post Office Address 4251 Boulder Ridge Point, Eagan, MN 55122Full name of third inventor JO A. NEWTONJo
(GIVEN NAME)A.
(MIDDLE INITIAL OR NAME)Newton
(FAMILY (OR LAST NAME))

Inventor's signature

Date 2/22/01Country of Citizenship USAResidence 1359 Michelle Drive, Eagan, MN 55122Post Office Address 1359 Michelle Drive, Eagan, MN 55122Full name of fourth inventor MARY KAY K. CRAIGMary Kay
(GIVEN NAME)K.
(MIDDLE INITIAL OR NAME)Craig
(FAMILY (OR LAST NAME))

Inventor's signature

Date 2/26/01Country of Citizenship USAResidence 6491 White Oak Road, Lino Lakes, MN 55038Post Office Address 6491 White Oak Road, Lino Lakes, MN 55038